WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Dr. Feller

File No. 39231

Registered No. 837

1. PLACE OF DEATH

39 County Greene — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield Mo. (No. 139 W. Brower St. Ward)

2. FULL NAME Howard Olin Truman

(a) Residence, No. 139 W. Brower St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1892

7. AGE — YEARS 40 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Invalid)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

FATHER

13. NAME Thomas Truman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Sarah A. Storer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mildred Truman 139 W. Brower

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazelwood DATE Dec. 3 1932

19. UNDERTAKER (ADDRESS) Elma Lohmeyer F. Home Springfield Mo.

20. FILED 12-3 1932 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 — 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1932 to Dec. 1, 1932

I last saw him alive on 11-30, 1932 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 11-25

116
85
1498

Other contributory causes of importance:

Epilepsy due to Injuries during delivery at birth

Name of operation ..... Date of .....

What test confirmed diagnosis? (1) Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Feller, M. D.

(Address) Springfield Mo